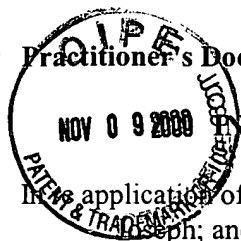


RECEIPT



Practitioner's Docket No. 1151a

PATENT

FILE COPY

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Wiley, William Lyle; Howell, Royal Dean; Nelson, Tracy Lee; Gardner, Michael Joseph; and DuRee, Albert Daniel

Application No.: 09/642,722

Group No.: 2664

Filed: 08/21/2000

Examiner: unknown

For: SYSTEM AND METHOD FOR CONNECTING A CALL

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FEB 13 2001  
Technology Center 2600

Office of Initial Patent Examination's Customer Service Center  
Assistant Commissioner for Patents  
Washington, D.C. 20231

### REQUEST FOR CORRECTED FILING RECEIPT

1. Attached is a copy of the official filing receipt received from the PTO in the above application for which issuance of a corrected filing receipt is respectfully requested.
2. There is an error with respect to the following, which is omitted.

#### Error in

#### Correct data

1. Continuation Data as Claimed by Applicant
1. Continuation of 08/854,194 filed 5/9/1997.
3. The correction is not due to any error by applicant and no fee is due.

### CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. section 1.8a)

I hereby certify that this correspondence is, on the date shown below, being:

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Date:

11-6-00

#### FACSIMILE

☐ transmitted by facsimile to the Patent and Trademark Office.

Signature

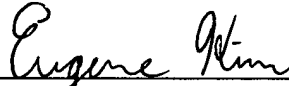
*Laura S. Mellblom*

Laura S. Mellblom

(type or print name of person certifying)

(Request for Corrected Filing Receipt--page 1 of 2)

Respectfully submitted,



SIGNATURE OF PRACTITIONER

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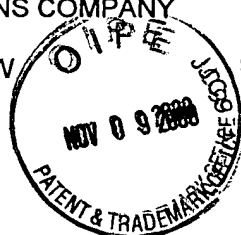
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9201/516C1  
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/642,722	08/21/2000	2664	906	1151a	9	32	2

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## FILING RECEIPT



\*OC000000005461763\*

Date Mailed: 10/10/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

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Albert Daniel DuRee, Independence, MO ;

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## Continuing Data as Claimed by Applicant

This APPLN is a CONT of 08/854,194 5/9/1997  
Foreign Applications

If Required, Foreign Filing License Granted 10/10/2000

## Title

System and method for connecting a call

## Preliminary Class

370

Date Docketed: 10/31/00

Docketed by: [Signature]

Sec: [Signature]

Atty: [Signature]

Data entry by : BELL, DOROTHY

Team : OIPE

Date: 10/10/2000





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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/642,722	<b>FILING DATE</b> 08/21/2000 <b>RULE</b> -	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> <del>2864</del> 2661	<b>ATTORNEY DOCKET NO.</b> 1151a
<b>APPLICANTS</b> William Lyle Wiley, Olathe, KS ; Michael Joseph Gardner, Overland Park, KS ; Tracy Lee Nelson, Shawnee Mission, KS ; Royal Dean Howell, Trimble, MO ; Albert Daniel DuRee, Independence, MO ;				
<b>** CONTINUING DATA *****</b> <i>qute 12/16/03</i> THIS APPLICATION IS A CON OF 08/854,194 05/09/1997 PAT 6,137,800				
<b>** FOREIGN APPLICATIONS *****</b> <i>qute 12/16/03</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 10/10/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>qute</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> KS	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 32
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 021396				
<b>TITLE</b> System and method for connecting a call				
<b>FILING FEE RECEIVED</b> 906	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	